

A Profession Responding to Stress

IN MANY WAYS physicians have been enjoying what many consider to be, or to have been, a Golden Age in medicine. This can be said to have begun during World War II when modern medical science started to come into its own. Since then there has been enormous support for research, professional training and the development of needed resources for health care. American physicians now deliver the best medical care the world has ever seen. But there has been a down side to all this, and the result has been a stressful time for the medical profession. Stated simply, the down side, and, therefore, the present stress, basically derives from the perception by many that the new medical science and technology could assure health for all, and that health care had become too costly and that physicians were somehow responsible for this. Then, there was a concurrent trend toward antielitism, egalitarianism, and revolt against institutional authority. All this happened at more or less the same time—in the 1960s—and with this there has been much dissatisfaction and criticism of physicians and the medical profession. There have been many interventions and intrusions by both government and the private sector into medical practice and health care delivery. Many of the actions taken have bordered on the punitive. Virtually all have been stressful.

How have physicians and the medical profession been responding to 20 years or more of this stress? At first there were dismay, incomprehension and hostile reactions toward all the real and perceived third party “intrusions”; to a greater or lesser extent these responses persist. But there has been a gradual realization that health care is now a new ball game and, further, that the rules of this new game have yet to be fully determined. No one really seems to know what to do. There are many unresolved questions—compensation, ethics and turf, for example. Government intervention to try to control costs has been largely at the expense of the poor, the elderly and, yes, physicians. Relatively unfettered economic competition in health care is lately being tried in the private sector, but so far it has not come up to the expectations of those who advocated this approach.

One may be genuinely heartened, however, by the way individual physicians and the profession as a whole seem to be responding. It is as though they are going back to their roots, to the reasons why most entered the profession in the first place and are now drawing strength and even power from returning to this original commitment. Most applicants to medical school, both yesterday and today, seem to choose medicine because they are fascinated by the new biomedical science, care about people, want to help those who need help and want to do something with their lives for the good of humanity. In these stressful times we begin to see new emphasis being given to the caring function of a physician within the practice of modern scientific medicine. We see patients receiving much the same quality of care, whatever the payment mechanism, and there is growing evidence that substantial amounts of care are actually being given freely or at reduced cost to patients who cannot pay. We see physicians reaching out to acquire all kinds of new skills that they need in order to play in the new ball game that health care is so obviously becoming.

But it is not only individual physicians who seem to be returning to their roots. The profession itself seems also to have begun to draw strength from the very reasons its member physicians entered medicine in the first place. The profession continues to promote biomedical science and human caring in research, education and medical practice, and this enables it to speak from a position of authority in the public arenas of health care. The organized profession has begun to speak out with authority on behalf of the sick and afflicted who really have no other organized advocate in a ball game that seems to be increasingly dominated by third party special interests. In another dimension, organized medicine has begun to take what might be called affirmative action in the new environment of health care. The AMA House of Delegates has spoken out authoritatively on AIDS. It has endorsed a monumental collaborative study resulting in a proposed health policy agenda for the American people, and it has developed a thoughtful proposal for realistically refinancing the Medicare program. In the legislative arena the profession is developing formidable skills that are enabling it to help shape the new health care ball game and to lead the way toward solving problems such as tort reform that seem somehow to surface first in health care, only later to reach out to affect the general society.

It should never be forgotten that the medical profession has great inherent strengths. It is composed of motivated, self-disciplined, intelligent men and women who have an intimate knowledge of human biology, human nature and the human condition. Physicians permeate every aspect of society. One senses that the current stress, far from resulting in the demise of a noble profession, rather, will lead to a resurgence of a noble profession's authority and power as it returns to its individual and collective roots and then begins to identify, develop and use the new tools and new skills that are needed for it to serve well in the changing environment of health care. As long as we remember where we are coming from as physicians, we can all stand tall!

MSMW

The Treatment of Obstructive Sleep Apnea—Who, When, How?

DURING THE PAST DECADE, the obstructive sleep apnea syndrome has become widely recognized as a disorder of major clinical importance.^{1,2} This importance arises from three considerations: the disorder is extremely common, with an estimated prevalence of 1% to 3% in the adult male population³; it is the leading cause of excessive daytime sleepiness,⁴ and it may result in the development of pulmonary hypertension, right ventricular failure, chronic carbon dioxide retention, nocturnal cardiac arrhythmias and possibly sudden death during sleep.⁵ In addition, an association with systemic hypertension and strokes has also been claimed.^{6,7} As an appreciation of the clinical importance of obstructive sleep apnea has become more widespread among physicians and the public, a sense of urgency has developed in initiating treatment of the disorder. This sense of urgency is based on the assumption that, if left untreated, the syndrome will become progressively more severe and lead to a serious or even fatal outcome, either as a result of the patient falling asleep inap-